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Practitioner's Docket No. 701039-048802-C

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: KLAGSBRUN, Michael et al.  
Application No.: 09/580,803                          Group No. 1642  
Filed: May 30, 2000                                  Examiner: Nickol, G.  
For: ANTAGONISTS OF NEUROPILIN RECEPTOR  
FUNCTION AND USE THEREOF

Assistant Commissioner for Patents  
Washington, D.C. 20231

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TECH CENTER 1600/29C

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3. Fee Transmittal (1 pg.);
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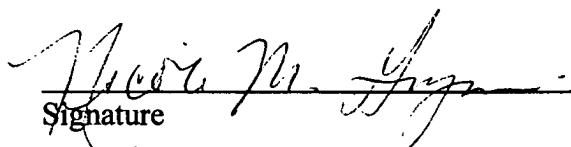
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# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

|  |  |                        |                   |
|--|--|------------------------|-------------------|
|  |  | Application Number     | 09/580,803        |
|  |  | Filing Date            | 05/30/2000        |
|  |  | First Named Inventor   | Michael Klagsbrun |
|  |  | Group Art Unit         | 1642              |
|  |  | Examiner Name          | Gary B. Nickol    |
| Total Number of Pages in This Submission |  | Attorney Docket Number | 701039-048802-C   |

## ENCLOSURES (check all that apply)

|   |   |   |
|---|---|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form<br><input checked="" type="checkbox"/> Fee Attached<br><input type="checkbox"/> Amendment / Reply<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><br><input checked="" type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input type="checkbox"/> Information Disclosure Statement<br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Response to Missing Parts/ Incomplete Application<br><input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Assignment Papers (for an Application)<br><input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) _____ | <input type="checkbox"/> After Allowance Communication to Group<br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):<br>Certificate of Mailing; Check - \$200.00; Return Receipt Postcard. |
| <b>Remarks</b>  |   | The enclosed petition is in reply to the 11/06/2001 Office Action.<br><br>The Commissioner is authorized to charge fee deficiencies to the NIXON PEABODY LLP deposit account 50-0850.   |

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

|                         |   |
|-------------------------|---|
| Firm or Individual name | David S. Resnick (Reg. No. 34,235)<br>Lana A. Shvartsman (Reg. No. 48,502)<br>NIXON PEABODY LLP, 101 Federal Street, Boston, MA 02110 |
| Signature               |   |
| Date                    | 3/21/02   |

## CERTIFICATE OF MAILING

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|                       |                  |      |           |
|-----------------------|------------------|------|-----------|
| Typed or printed name | Nicole M. Gignac | Date | 3/21/2002 |
| Signature             |                  |      |           |

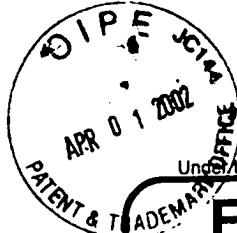
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**FEE TRANSMITTAL  
for FY 2002**

Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 200.00)

## Complete if Known

Application Number 09/580,803

Filing Date 05/30/2000

First Named Inventor Michael Klagsbrun

Examiner Name Gary B. Nickol

Group Art Unit 1642

Attorney Docket No. 701039-048802-C

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## METHOD OF PAYMENT (check all that apply)

 Check  Credit card  Money Order  Other  None Deposit Account: Charge fee deficiencies

Deposit Account Number 50-0850  
Deposit Account Name NIXON PEABODY LLP

The Commissioner is authorized to: (check all that apply)

- Charge fee(s) indicated below  Credit any overpayments  
 Charge any additional fee(s) during the pendency of this application  
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

## FEE CALCULATION

## 1. BASIC FILING FEE

| Large Entity Fee Code (\$) | Small Entity Fee Code (\$) | Fee Description        | Fee Paid |
|----------------------------|----------------------------|------------------------|----------|
| 101 740                    | 201 370                    | Utility filing fee     |          |
| 106 330                    | 206 165                    | Design filing fee      |          |
| 107 510                    | 207 255                    | Plant filing fee       |          |
| 108 740                    | 208 370                    | Reissue filing fee     |          |
| 114 160                    | 214 80                     | Provisional filing fee |          |

SUBTOTAL (1) (\$)

## 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

|                    |              |                |          |
|--------------------|--------------|----------------|----------|
| Total Claims       | Extra Claims | Fee from below | Fee Paid |
| Independent Claims | -20** =      | X              | =        |
| Multiple Dependent | - 3** =      | X              | =        |

| Large Entity Fee Code (\$) | Small Entity Fee Code (\$) | Fee Description  |
|----------------------------|----------------------------|--|
| 103 18                     | 203 9                      | Claims in excess of 20                                     |
| 102 84                     | 202 42                     | Independent claims in excess of 3                          |
| 104 280                    | 204 140                    | Multiple dependent claim, if not paid                      |
| 109 84                     | 209 42                     | ** Reissue independent claims over original patent         |
| 110 18                     | 210 9                      | ** Reissue claims in excess of 20 and over original patent |

SUBTOTAL (2) (\$)

\*\*or number previously paid, if greater; For Reissues, see above

## 3. ADDITIONAL FEES

| Large Entity              | Small Entity | Fee Description  | Fee Paid |
|---------------------------|--------------|--|----------|
| 105 130                   | 205 65       | Surcharge - late filing fee or oath  |          |
| 127 50                    | 227 25       | Surcharge - late provisional filing fee or cover sheet                     |          |
| 139 130                   | 139 130      | Non-English specification  |          |
| 147 2,520                 | 147 2,520    | For filing a request for ex parte reexamination                            |          |
| 112 920*                  | 112 920*     | Requesting publication of SIR prior to Examiner action                     |          |
| 113 1,840*                | 113 1,840*   | Requesting publication of SIR after Examiner action                        |          |
| 115 110                   | 215 55       | Extension for reply within first month                                     |          |
| 116 400                   | 216 200      | Extension for reply within second month                                    | 200.00   |
| 117 920                   | 217 460      | Extension for reply within third month                                     |          |
| 118 1,440                 | 218 720      | Extension for reply within fourth month                                    |          |
| 128 1,960                 | 228 980      | Extension for reply within fifth month                                     |          |
| 119 320                   | 219 160      | Notice of Appeal   |          |
| 120 320                   | 220 160      | Filing a brief in support of an appeal                                     |          |
| 121 280                   | 221 140      | Request for oral hearing   |          |
| 138 1,510                 | 138 1,510    | Petition to institute a public use proceeding                              |          |
| 140 110                   | 240 55       | Petition to revive - unavoidable   |          |
| 141 1,280                 | 241 640      | Petition to revive - unintentional   |          |
| 142 1,280                 | 242 640      | Utility issue fee (or reissue)   |          |
| 143 460                   | 243 230      | Design issue fee   |          |
| 144 620                   | 244 310      | Plant issue fee  |          |
| 122 130                   | 122 130      | Petitions to the Commissioner  |          |
| 123 50                    | 123 50       | Processing fee under 37 CFR 1.17(q)  |          |
| 126 180                   | 126 180      | Submission of Information Disclosure Stmt                                  |          |
| 581 40                    | 581 40       | Recording each patent assignment per property (times number of properties) |          |
| 146 740                   | 246 370      | Filing a submission after final rejection (37 CFR § 1.129(a))              |          |
| 149 740                   | 249 370      | For each additional invention to be examined (37 CFR § 1.129(b))           |          |
| 179 740                   | 279 370      | Request for Continued Examination (RCE)                                    |          |
| 169 900                   | 169 900      | Request for expedited examination of a design application                  |          |
| Other fee (specify) _____ |              |  |          |

\*Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$ 200.00)

## SUBMITTED BY

Complete (if applicable)

|                   |                                       |                                   |                 |           |                     |
|-------------------|---------------------------------------|-----------------------------------|-----------------|-----------|---------------------|
| Name (Print/Type) | David S. Resnick / Lana A. Shvartsman | Registration No. (Attorney/Agent) | 34,235 / 48,502 | Telephone | (617) 345-6057/6177 |
| Signature         | Lana M.                               |                                   |                 | Date      | 3/21/02             |

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